



Professional and Continuing Education Unit Registration Form

Dominican University of California
Education Department

50 Acacia Avenue, San Rafael, CA 94901-2298

Fax: 415-458-3790

Email: Pauline.camp@dominican.edu

STUDENT INFORMATION MANDATORY – Please Print

Last Name	First Name	Middle Initial	Dominican Student ID (Office Use Only)		
Mailing Address		City, State	Zip Code	Email	
Daytime Phone #		Evening Phone #		Cell Phone #	
Job Title			Employer		
Have you taken courses through Dominican University?			<input style="width: 100px; height: 20px;" type="text"/>		
List any other names under which you have enrolled			<input style="width: 300px; height: 30px;" type="text"/>		

COURSE SCHEDULE INFORMATION – Please Print

Course ID / Sect	Course Title	Office Use	Term	Start Date	# Units	Instructor/Location
EDUX 9085	Mentor Training-Teacher Induction: Experienced	A <input checked="" type="radio"/> B C	A B C	8/1/23	2	Kradepohl/Off Campus
		A B C	A B C			
		A B C	A B C			
		A B C	A B C			
		A B C	A B C			
		A B C	A B C			

All grades are PASS/FAIL. Students will receive an Official Transcript upon Dominican's receipt of the signed course roster.

PAYMENT INFORMATION

Total Unit Processing Fees Due: **\$110** _____

Payment Type (select one): ___ Cash

___ Money Order # _____

___ Check # _____

___ Credit Card (An invoice will be emailed to you)

OFFICE USE ONLY

Register Date: _____ Initials: _____ Student ID: _____

Payment Date: _____ Initials: _____